

RECEIVED APRIL 12 1988

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						10/571783							
						APPLICANT							
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			51							
2				1		52							
3					1	53							
4						54							
5						55							
6						56							
7						57							
8						58							
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14						64							
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42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.			↓		↓								
TOTAL DEP.			←	13	←			↓		↓		↓	
TOTAL CLAIMS			14					←	←		←		